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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/670,635	09/26/2000	Elizabeth Sharpe	11854/1	6168
23838	7590	02/27/2008	EXAMINER	
KENYON & KENYON LLP			TO, BAOQUOC N	
1500 K STREET N.W.			ART UNIT	PAPER NUMBER
SUITE 700			2162	
WASHINGTON, DC 20005				
			MAIL DATE	DELIVERY MODE
			02/27/2008	PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.



UNITED STATES PATENT AND TRADEMARK OFFICE

Board of Patent Appeals and Interferences

KENYON & KENYON LLP  
1500 K STREET N.W.  
SUITE 700  
WASHINGTON, DC 20005

Appeal No: 2008-0291  
Appellant: Elizabeth Sharpe et al.  
Application No: 09/670,635  
Hearing Room: A  
Hearing Docket: B  
Hearing Date: Tuesday, April 08, 2008  
Hearing Time: 09:00 AM  
Location: Madison Building - East Wing  
600 Dulany Street, 9th Floor  
Alexandria, Virginia 22313-1450

**NOTICE OF HEARING**  
**CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

**CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED.** This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

BPAI HEARINGS FAX No: (571) 273-0299

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**CHECK ONE:**  **HEARING ATTENDANCE CONFIRMED**  **HEARING ATTENDANCE WAIVED**

\_\_\_\_\_  
Signature of Attorney/Agent/Appellant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registration No.

Names of other visitors expected to accompany counsel: \_\_\_\_\_

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